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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 09/24/2012 | |
| NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E SPRINGHILL DR TERRE HAUTE, IN 47802 | | | |
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| K0000 | <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/24/12</p> <p>Facility Number: 012188 Provider Number: 155776 AIM Number: 200958030</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Springhill Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility was a one story building determined to be of Type</p> | | K0000 | <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after 10/24/2012.</p> | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>V (000) construction and was fully sprinklered except for the areas cited at K-56. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 99 and had a census of 96 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were not sprinklered. All areas providing facility services were sprinklered, except two detached buildings used for nursing supply storage and maintenance which were not sprinklered,</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/01/12.</p> <p>The facility was found not in compliance with the</p> | | | | | | |

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FORM APPROVED

OMB NO. 0938-0391

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| | aforementioned requirements as evidenced by: | | | | | | |

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| K0018 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure doors protecting corridor openings in 2 of 7 smoke compartments could latch into the door frame and had no impediment to closing. This deficient practice affects staff, visitors and 20 or more residents in the main dining room and Physical Therapy smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 09/24/12 between 11:30 a.m. and 3:10</p> | | | K0018 | <p>K 018 NFPA 101 Life Safety Code Standard It is the policy of this provider to ensure doors protecting corridor openings in other than required enclosures of vertical openings, exits or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The, Administrator, Maintenance Supervisor and Management staff was educated on 9/24/12 that the double door sets protecting the opening between the Therapy room and corridor, and the main dining room and corridor are required to latch independently into</p> | | 10/24/2012 |

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| | <p>p.m., double door sets protecting the opening between the Physical Therapy room and corridor, and the main dining room and corridor each required one door to latch into the door frame before the second door would latch into the first door to secure them both tightly into the door frame. In addition, one door in each self closing door set had an astragal. The maintenance director acknowledged at the time of observation, each door could not latch independently into the door frames.</p> <p>3.1-19(b)</p> | | | <p>the door frames.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents that reside at the facility may be affected by the alleged deficient practice. All other fire door sets in the facility were checked by the Maintenance Supervisor and Administrator on 9/24/12 and ensured that they close independently into the doorframes.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The Maintenance Supervisor will install spring-loaded latches to the door sets opening into the Therapy room and main dining room so that each door latches into the frame independently. Executive Director and Maintenance Supervisor will ensure all fire doors shut appropriately to meet Life Safety Regulations.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A CQI tool will be initiated weekly for four weeks and monthly times two months and quarterly thereafter. The Maintenance Supervisor will monitor for compliance. The Safety Committee will review quarterly.</p> | | | |

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| K0056 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide complete sprinkler coverage for 40 of 57 resident rooms in a one story building of Type V (111) construction. LSC 19.1.6.2 requires one story facilities of Type V (111) construction be provided with complete sprinkler protection. This deficient practice could affect visitors, staff, and 74 residents in the affected resident rooms.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 09/24/12 between 11:30 a.m. and 3:10 p.m., sprinkler protection</p> | | | K0056 | <p>K 056 NFPA Life Safety Code StandardIt is the policy of this provider to ensure there is an automatic sprinkler system, and it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>What corrective action(s) will be accomplished for those residents found to have been</p> | | 10/24/2012 |

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| | <p>was not provided for one alcove in each of resident rooms 101 to 108, 111 to 114, 205 to 214, 302 to 308, and 402 to 412. In addition, the three foot by 32 inch corridor alcove near the conference room had no sprinkler. The maintenance director acknowledged at the time of observation, the areas were not protected by the other sprinklers in the rooms.</p> <p>3.1-19(b) 3.1-19(ff)</p> | | | | <p>affected by the deficient practice?The Administrator, Maintenance Supervisor and Management staff was educated on 9/24/12 that sprinkler protection was not adequate for one alcove in each of resident rooms 101 to 108, 111 to 114, 205 to 214, 302 to 308, and 402 to 412, as well as the three foot by 32 inch corridor alcove near the conference room. The outside vendor was notified on 9/25/12 that the sprinkler system coverage is not adequate for the areas identified and scheduled for a building inspection. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?Residents that reside at the facility may be affected by the alleged deficient practice. The Maintenance Supervisor inspected the entire building on 10/25/12 to ensure there was no other alcoves or areas not covered by the sprinkler system. The outside vendor inspected the building on 10/4/12 and agreed with the findings and areas that needed corrected. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?A new sprinkler head will be installed in the alcove in each of resident rooms rooms 101 to 108, 111 to</p> | | |

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| | | | | | <p>114, 205 to 214, 302 to 308, and 402 to 412. The installation began by an outside vendor on 10/22/12 and will be completed by 11/2/12. A new sprinkler head will be installed for the three foot by 32 inch corridor alcove near the conference room. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A CQI tool will be initiated weekly for four weeks and monthly times two months and quarterly thereafter. The Maintenance Supervisor will monitor for compliance. The Safety Committee will review quarterly.</p> | | |

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| K0062 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads providing protection for 2 of 7 smoke compartments were maintained. This deficient practice could affect staff, visitors and 40 residents on the 300 and 400 halls.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 09/24/12 between 11:30 a.m. and 3:10 p.m., sprinkler head escutcheons were missing from the sprinkler head in room 302, in the bathroom and closet in room 310, room 405, 407, 414, and the housekeeping supply storage room. The maintenance director agreed at the time of observations, the sprinkler head assemblies were incomplete.</p> <p>3.1-19(b)</p> | | K0062 | <p>K 062 NFPA 101 Life Safety Code Standard It is the policy of this provider to ensure that the automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The Maintenance Supervisor, Administrator and Management staff was educated on 9/24/12 that sprinkler head escutcheons must cover all sprinkler head assemblies.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The Maintenance Supervisor checked every sprinkler head assemblies on 9/25/12 to ensure escutcheons are present. Maintenance Supervisor installed escutcheons identified as missing.</p> <p>What measures will be put into</p> | | 10/24/2012 | |

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| | | | | <p>place or what systemic changes you will make to ensure that the deficient practice does not recur? The Maintenance Supervisor will monitor sprinkler head assembly on an ongoing basis. Additional escutcheons were ordered to have in supply to replace as needed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? A CQI tool will be initiated weekly for four weeks and monthly times two months and quarterly thereafter. The Maintenance Supervisor will monitor for compliance. The Safety Committee will review quarterly.</p> | | | |